



INFORMATION RELEASE PERSON AUTHORIZATION

- The Account Owner should complete this form to authorize one or more person(s) to obtain verbal information about this account. The Guaranteed Education Tuition Program refers to these individuals as Information Release Persons.
- Complete all sections of this form and include signature or processing will be delayed.
- If you are adding more than two Information Release Persons, please include a separate form.

Current Account Information

GET Account Number _____

Account Owner _____

Name _____

SSN or TIN _____

Student Beneficiary _____

Name _____

SSN or TIN _____

Information Release Person Information

1.

2.

Add

Remove

Add

Remove

Name (*First, Middle, Last, Suffix*) _____

SSN or TIN _____

Birth Date _____

Street Address/Apartment Number _____

Post Office Box Number _____

City / State / Zip Code _____

Email Address _____

Telephone Number (s) _____

Home

Work

Home

Work

Signature - REQUIRED

Only the Account Owner may authorize changes to the existing account.

I certify under penalty of perjury that I am the legal Account Owner and I authorize the Information Release Person(s) designated above to obtain verbal account information concerning this Guaranteed Education Tuition Program account.

Account Owner's Signature

Date

Submit to: Guaranteed Education Tuition, PO Box 43450, Olympia, WA 98504-3450 or by Fax at 360-704-6200

Questions: GETInfo@hecb.wa.gov or 1-800-955-2318